

**ENTERIC PATHOGENS****ALABAMA DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF CLINICAL LABORATORIES**

Lab #

87045 87147 87077 8140 AUM DRIVE, P.O. BOX 244018, MONTGOMERY, ALABAMA 36124-4018 (334) 260-3400

Name: Last First Mi

Shaded area for  
Laboratory use only

MM DD YY

Date  
Received

County Health Dept. CHR Number

MM DD YY

Date of  
Birth

Medicaid Number

Sex

Race

Social Security Number

MM DD YY

Date Collected

**RESULTS** No Salmonella or Shigella isolated. Positive for \_\_\_\_\_ Unsatisfactory (Specimen Discarded)

Test Requested:

 Isolation Identification Confirmation Serotyping

Source:

 Blood Feces Urine Other \_\_\_\_\_

Specimen Submitted:

 Clinical Material: Pure Isolate Other \_\_\_\_\_Note: For other enteric testing  
contact the Microbiology DivisionMail Report to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_, AL \_\_\_\_\_

ZIP CODE

ADPH-F-BCL-425/REV 5/07

Provider Number

\*See reverse side for instructions

MM DD YY

Analyst

Date Reported